

1973

Evidence for distinctive personality traits in alcoholics, using a picture preference test for addictiveness.

Murray Barry. Morrison
University of Windsor

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EVIDENCE FOR DISTINCTIVE PERSONALITY TRAITS IN
ALCOHOLICS, USING A PICTURE PREFERENCE TEST
FOR ADDICTIVENESS

by

Murray Barry Morrison

A Thesis

Submitted to the Faculty of Graduate Studies through
the Department of Psychology in Partial
Fulfillment of the Requirement for
the Degree of Doctor of
Philosophy at the
University of
Windsor

Windsor, Ontario, Canada

1973

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ACKNOWLEDGMENTS

There have been many contributors to this study, some indirectly, others directly. The indirect contributors have to be the faculty of the Clinical Psychology Division under whom I have studied, been supervised by and conversed with, over the five years spent at the University of Windsor. Their contributions to my training have culminated in this dissertation. Special friends with whom I have studied and held long discussions have made important contributions. Three of the most important persons in this regard are Bill McDermott, Pat Kavanaugh, and Joe Avore.

Direct contributors to this study are also numerous. The staff of the I.O.D.E. Hospital, in particular Dr. R. Mason, Dr. B. Carom, and Mrs. Anne Welsh, were extremely helpful in my attempts to recruit subjects. Special thanks goes to Anne Welsh who spent many hours in telephoning people to participate in the study.

The staff of the Connaught Clinic for Alcoholism, in particular John McGrory, identified with my troubles and successes as if they were their own. Their help was invaluable in recruiting alcoholics and providing their facilities for testing procedures.

The members of my Doctoral Research Committee, Doctors

F. Auld (Chairman), A. Diemer, R. Engelhart, and M. Morf, deserve special appreciation and respect for their cooperation, and most constructive criticisms of this study in its various stages of development. I have seldom worked with four people more committed, thoughtful, and constructive in my graduate career.

To Dr. Frank Auld goes my utmost respect and gratitude. He has worked with me in varying capacities over the past three years as a teacher, therapy supervisor, research advisor, and as a friend. In all these capacities, he has excelled and contributed to my academic, professional, and personal development.

There has been another contributor to the study that is presented in the following pages. Her devotion, encouragement, understanding and empathy have been a strong base for my stamina over the years while working toward the Doctoral Degree. Her love has made the past nine years much more than simply years of study. They have been wonderful years of love, marriage, and parenthood which gave me the fulfillment and encouragement necessary to continue working. My wife, Carolyn, has also spent many many hours of typing and proof-reading this dissertation through its numerous stages of development and revision. To her goes a very special thank-you.

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CHAPTER I

INTRODUCTION

Alcoholism has been the subject of much research during the past four decades by psychologists and other social scientists. They have attempted to determine its etiological factors, the elements which make it so difficult for a person to give up his alcohol addiction, and most prominent of all, they have attempted to establish whether or not there is operating within the alcoholic, a psychological predisposition to this form of addiction. The basic question these researchers were attending to, is whether alcoholism is a diagnostic entity in and of itself or only a symptom of a more general neurotic conflict lying beneath the overt symptoms of alcoholism. The proponents for the latter position argue that conflicts at various personality levels may elicit drinking as a defense against anxiety. They suggest that alcohol has a number of benefits for the person in conflict: it makes instinctual impulses more acceptable; it makes defenses stronger and/or more acceptable; and it may narcotize the person against the pain of the conflict. They argue that alcoholism develops because of these benefits provided to the drinker.

Proponents of a unitary personality-basis for alcoholism argue that these patients do have in common a loss of control over their drinking, and it is important that they be distinguished from other people who may share other neurotic diagnostic descriptions and symptom patterns. They point out that we should not ignore this most obvious of all symptoms - excessive drinking - in trying to explain the dynamics of alcoholism. Zwerling (1959a) typifies this line of thought. He stated that the existence of an underlying personality disorder common to alcoholics is not at all precluded by the observation that alcohol may be pressed into the service of the personality at all levels of conflict and in association with all varieties of defense. There still remains the question as to why some individuals in severe conflict and stress develop unusual dependence upon alcohol and others do not. He suggested that the alcoholic process develops from a specific personality base shared by most alcoholics. This does not mean, however, that all the conflicts, wishes, and reasons for excessive drinking must necessarily be derived from this same base. Zwerling proposed that alcoholism may be found in the setting of any clinical diagnostic state, and that specific drinking episodes may occur in relationship to conflicts at all personality levels, but that the addictive process develops in a specific character matrix. It is this character matrix, even more basic than general

neurotic symptomatology, that is said to be the essence of the alcoholic personality.

Theoretical Background

The nature of the "alcoholic character matrix," has been explained in many different ways by many different theorists. Rado (1933) stressed that it is not the toxic agent, but the impulse to use it, that makes an addict of a given individual. He postulated that all types of drug cravings are a variety of one single disease which he termed "pharmacothymia." He wrote that in the potential addict, there appears a certain active preparedness for the pleasure effect of the drug. This preparedness results from a certain kind of response to frustration in life, with a special type of emotional alteration which he designated as tense depression, marked by painful tension and, at the same time by a high degree of intolerance to pain. This condition is remarkably improved by alcohol, bringing about a sharp rise in self-regard and an elated mood. Rado (1933) stressed that this "magical" effect is brought about by the ego itself. He wrote,

A magical movement of the hand introduces a magical substance and behold, pain and suffering are exorcised, the sense of misery disappears, and the body is suffused with waves of pleasure (Rado, 1933, p. 69).

This state, however, inevitably is followed by the rapid

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return of the tense depression, and with it, the renewed craving for elation, and flight into another alcohol induced state. The ego is now maintaining its self-regard by means of an artificial technique.

Alcohol, as do other drugs, provides this positive function for these individuals. But in order to achieve relief, they must also sacrifice some functions. Sexual potency is decreased by continued use of alcohol. The pharmacothymic attainment of pleasure initiates an artificial sexual organization. The alcoholic-disposed individuals appear most willing to sacrifice adult sexual functioning. Similarly, they appear willing to submit to the self-destructive side effects of the alcoholic life-style. They tolerate illness consequent to alcoholism, loss of family relationships and of other longstanding interpersonal relationships, loss of jobs, loss of status, and, eventually, the decreasing pleasure-effect of the alcohol itself. Rado suggested that their willingness to make these sacrifices reflects dynamic conflict systems. For instance, unresolved oedipal conflicts and fantasies can be neutralized by a substance, such as alcohol, which diverts the conscious derivatives of sexual impulses and narcotizes the individual from attendant anxiety. Their willingness to continue along a path which by its nature means self-destruction, might indicate underlying needs for self-punishment.

Knight (1937) stated that there is no special or typical kind of emotional conflict common to all cases of alcoholism. Any type of neurotic conflict may be present. Since it is true, however, that all alcoholics resort to alcohol chronically and excessively in dealing with their individual emotional conflicts, there must be understandable psychodynamics of the drinking behaviour. Knight suggested that childhood experiences produce a demanding individual, constantly seeking indulgence. Excessive demands must, by the nature of the real adult world, be frustrated. In these individuals, such frustration causes disappointment and rage, which motivate hostile acts and wishes against the thwarting people (usually parents) for which the alcoholic then feels guilty and feels a need to be punished. Knight described the final link in this way:

As reassurance against guilt feelings and fears of dangerously destructive masochism and reality consequences of his behaviour, he feels excessive need for affection and indulgence as proof of affection. Again, the excessive demands doomed to frustration arise, and the circle is complete (Knight, 1937, p. 546).

Knight suggested that alcohol is used as a pacifier for disappointment and rage; alcohol is used as a potent means of carrying out hostile impulses to spite the alcoholic's parents and friends; alcohol is used as a means of securing

masochistic debasement; and alcohol is used as a symbolic gratification of the need for affection.

Knight observed that the mother of the alcoholic is characteristically overprotective and indulgent during the infancy stage. She builds a pattern of soothing the infant through oral pacifying. Because of the extreme early dependence of the infant, and the intensity of relief from gratification, this pattern is one of tremendous strength. Some form of frustration must follow, but because of his early extreme dependency relationship, and subsequent precipitant thwarting, he is unable to tolerate this frustration. He responds impulsively with rage and, in time, with guilt and masochistic repair. The alcoholic personality structure sustains itself through proofs of affection, the need for which is unrealistic and insatiable, and thus frustration continuously feeds back into the addictive cycle.

Alcohol is to the adult alcoholic what milk is to the young infant. It produces satiation in body and mind. For the adult who has experienced (in reality or fantasy), some inadequacy in the early mother-child relationship, alcohol replenishes this loss temporarily. It reduces the frustration, provides narcissistic gratification, and simultaneously reinstates the fantasy that he can demand and magically secure life-sustaining supplies.

Fenichel (1945) stated that alcoholics have a disposi-

tion to react to the effects of alcohol in a special way. They use the effects of alcohol to satisfy simultaneously archaic oral longings, (which are pregenital sexual longings), a need for security, and a need for the maintenance of self-esteem. Those individuals who attach a special significance to these longings are predisposed to alcoholism. For these people, alcoholism means the fulfillment, or at least the hope of fulfillment, of a deep and primitive desire, more urgently felt by them than are sexual or other instinctual longings. Fenichel suggested that alcoholics are ready to give up all object libido. These are individuals who never estimated object relations very highly. They are fixated to a passive-narcissistic aim and are interested solely in acquiring their gratification, never in reciprocating. Objects are nothing but deliverers of supplies.

Alcohol, for these people, is a restitutive substance, one that has become much more gratifying than the original situation that had been interrupted by the precipitating pain or frustration. All other strivings become gradually more and more replaced by this pharmacotoxic longing.

Bergler (1946) and Schilder (1941) both attributed the alcoholics' vulnerability to early security-threatening experiences of perceived or real deprivation. This fantasy of deprivation renders them vulnerable to the effects of a magical fluid which dispels tension and depression and

relieves the sense of aloneness. Alcohol gives them a source of pleasure at their disposal which permits the mastery and simultaneously the expression of unmanageable hostile feelings. Alcohol has an array of built-in sufferings and punishments which serve to appease their bad conscience stemming from their guilt over hostility, as well as to feed back stress stimuli for continuing the addictive cycle.

Zwerling and Rosenbaum (1959) suggested there are "alcoholic traits" which are a product of a disrupted mother-child relationship in early periods of dependency. This disruption sets into motion disordered developmental trends culminating in: 1) a distrustful withdrawal; 2) adjustment by isolation; 3) persistent magical-omnipotent fantasies; 4) persistent passive-dependent longings for infantile care and pleasures; 5) inevitable frustration of these longings, with chronic rage and impulsive behaviour, directed toward instant gratification; 6) ambivalent dependent and hostile relationships which inevitably are ruptured causing a chronic depressive reaction system; and 7) as a result of the powerful pregenital traumata, conflicted and inadequate resolution of oedipal problems with immature modes of sexual behaviour.

Menninger (1938) is the principal proponent of the concept that alcoholism is a means toward achieving self-destruction. The need for this action emerges from intense

feelings of having been betrayed in childhood. The alcoholic, as a child, was led by his parents to expect more oral gratification than he received. When his oral desires were frustrated by severe weaning, the child was overcome with rage, desiring to attack the parents. The alcoholic suffers at the same time from both the wish to destroy his love objects and the fear that he will lose them. Since he dare not attack the real causes of his rage, he turns to drinking as a form of oral gratification and as a way of seeking symbolic revenge against his parents. Menninger suggested that the guilt aroused by this desire of revenge against his thwarting parents awakens the need for self-punishment and is the genesis of the repetitive self-destruction drinking binges characteristic of alcoholics.

Background of Research

The question: "Is alcoholism representative of a specific personality organization, or merely a symptom of underlying neurotic conflict?" has been subjected to a great deal of empirical research in the past 20 years. The format most often used in this research was to compare the responses of alcoholics with the responses of normals and/or neurotic subjects on various psychological tests. The MMPI has been employed the most often in this endeavour (Hewitt, 1943; Hampton, 1951; Button, 1956; Hoyt & Sedlacek, 1958; Rosen, 1960; MacAndrew & Geertsma, 1963, 1964; and

MacAndrew, 1965). The findings of these independent investigations consistently included a report of an elevation on Pd and D scales, with the alcoholics scoring higher than normals and neurotics. Comparisons of these populations on the other clinical scales did not yield significant differences. The conclusion drawn from these studies was that psychopathic tendencies and depressive moods were evidence of the specificity of personality orientation of alcoholics. Scales were constructed which were purported to reliably differentiate the alcoholics from other populations. With the exception of MacAndrew's (1965), no studies replicated these results. The studies using projective psychological tests at best yielded equivocal and/or inconsistent results. The reader is referred to review articles written by Sutherland, E. H., Schroeder, H. G., and Tordella, C. L. (1950), and by Syme (1957) for in-depth consideration of research results from studies using the Rorschach.

The inconsistency and equivocality of results yielded by the psychological studies into the "alcoholic personality" have led many reviewers to the conclusion that there is no single specific personality disorder basic to alcoholism, despite the fact that there is virtually no existing study which denies the coexistence of some personality disorder with every instance of alcoholism. The present author suggests the negative results of many previous studies are an artifact of the theoretical and

methodological approaches taken to this problem.

The first problem may be one of semantics or definition. The concept of "alcoholic personality" has sometimes been interpreted as meaning that all alcoholics have a total personality structure in common. This ignores all that is known and accepted about human variability, individual differences, and the uniqueness of each personality. To group together persons into one type does not imply that the whole personality is similar. When speaking of the alcoholic personality, one should understand it to mean a constellation or pattern of personality traits common to most alcoholics and characterizing the pre-alcoholic personality. It may even be that there is not one pattern but that there are several trait patterns characteristic of most alcoholics.

This is an absolutely critical point, in view of the type of research that has been conducted, and the type of criticism levelled at the unitary personality theorists. Their assertions have been severely questioned because of the finding of various clinical psychiatric diagnoses in a population of alcoholics, which diagnoses are shared with other neurotic persons. This finding has been viewed as evidence of the lack of specificity of the psychopathology of alcoholism. But in fact, this confusion is an artifact of the mis-definition of "alcoholic personality." A constellation of traits may well be hypothesized to be

basic to the etiology of addictive drinking, and yet, be embedded within a diversity of other clinical psychopathological manifestations, so that the basic constellation may be obscured to the viewer. Zwerling's (1959b) embedded figures principle is an excellent model for this concept.

The types of psychological tests used have served to intensify this problem. The diagnostic categories of the MMPI, for example, are geared toward the major clinical neurotic and psychotic entities and therefore serve only to emphasize the similarities between alcoholics and persons belonging to other psychiatric entities, rather than their basic differences. The MMPI does not provide a means of measuring the more basic personality traits that are proposed to be operating within the alcoholic, setting him apart from the neurotic.

Another serious problem in orientation to this type of research has been the direction of reasoning. Researchers have attempted to find any type of difference between alcoholics and neurotics and then attribute etiological significances to it, despite how dynamically uninvolved it might be - e.g., the presence of antisocial impulses. This is the fallacy of "post hoc, ergo propter hoc" reasoning about the etiology of alcoholism, best described by Lisansky (1960). X behaviour is observed in patients who have been drinking and getting into difficulties for a number of years, and it is therefore assumed that X is a

causative factor in their alcoholism. To know that X behaviour exists, may be of enormous value in treating the patient but it does not necessarily follow that it initiated and led to alcoholism.

A much more honest approach is required. From the related theories, self-reports, and behavioural observations, specific and basic personality traits should be delineated. From these, predictions should then be made indicating how alcoholics might differ compared to other populations. Cowan (1967) followed this experimental design in his study of addictiveness. From the literature and previous research, he generated ten personality trait-scales which he believed characterized the alcoholic's personality functioning. These trait-scales were: (1) Compulsiveness; (2) Impulsiveness; (3) Avoidance of intimacy; (4) Oral incorporative trends; (5) Infantile need for security with resultant regressiveness and passivity; (6) Poor self-concept with resultant guilt and depression; (7) Weak defensive structure, but primary reliance upon external objects and events to block anxiety; (8) Low tolerance for pain and frustration; (9) Narcissistic, autoerotic, and possible homosexual orientation; and (10) Antisocial impulses. Cowan (1967) predicted that alcoholics and other addicts would, on the average, score higher on these trait-scales than neurotics, and neurotics would score higher than normals. His results indicated that

alcoholics scored higher than normals and higher than neurotics. (See Auld & Cowan, 1973). However, the results with other addictive groups (drug addicts, compulsive eaters, and gamblers) were ambiguous.

Bégin (1972) conducted a validation study of Cowan's Picture Preference Test for Addictiveness. The homogeneity of the ten trait-scales postulated by Cowan (1967) was established by computing their Kuder-Richardson reliability coefficients on Cowan's original data. The scales were then revised and improved by dropping from each scale, items with insignificant point-biserial correlations with the scale in which these items were originally placed and by placing each item in the scale with which it correlated most highly. The item analysis of Cowan's data led Bégin (1970) to eliminate all but 40 items from the test. These 40 items were grouped into four trait-scales: (1) Regressive tendencies; (2) Avoidance of intimacy; (3) Oral incorporative trends; and (4) Antisocial impulses. Bégin was able to discriminate alcoholics from normals with the total score on the test.

The present investigation proposed to study further, the hypothesis that there is a core personality constellation shared by most alcoholics and this constellation is an important dynamic system underlying the myriad behaviours, attitudes, and reported needs of alcoholic individuals. It was hypothesized that the personality traits involved in

the core personality constellation would be found more often, and to a greater degree in alcoholics than in neurotics or normal people.

The Present Study

This study used a revision of the Picture Preference Test (PPT) for Addiction developed by Cowan (1967). New items were added to the scales Begin found to be reliable, and two new personality trait-scales were constructed which were believed to characterize further the alcoholic's functioning. (For a description of the revised PPT and Scoring Key see Appendix A.) It was proposed to test the hypothesis that unfulfilled dependency needs, dependency conflicts, and their psychological derivatives, as measured by the PPT trait-scales, would significantly distinguish alcoholics from neurotics and normals. The revised PPT was composed of seven personality trait-scales. These were as follows: 1) Oral dependence; 2) Masochistic tendencies; 3) Infantile need for security with resultant regressiveness and passivity; 4) Antisocial impulses; 5) Magical omnipotence fantasies; 6) Impulsiveness and low tolerance for frustration; and 7) Avoidance of intimacy.

Hypotheses

1. It was predicted that the group mean scores on each of the seven personality trait-scales would be highest for the alcoholic group, intermediate for the neurotic group, and lowest for the normal group.

In other words, it was expected that alcoholics would respond to the PPT by making a greater number of choices in the addictive direction: choices reflecting impulsivity, oral dependence needs, magical omnipotence fantasies, antisocial impulses, avoidance of intimacy, infantile needs for security, and masochistic tendencies. This would be consistent with the supposition that the alcoholic process involves certain personality traits that most alcoholics have to a greater degree than neurotic or normal individuals. If the findings support this hypothesis we may conclude that the alcoholic process involves certain tendencies, and there is a particular set of traits that characterizes alcoholics.

Neurotics, having obvious problems in living, may also possess some of the traits thought to underlie the basic alcoholic process. It was predicted, however, that neurotics would have these traits to a lesser degree than alcoholics, and this lesser strength of the traits would mitigate against neurotics developing a dependency on alcohol. Thus it was predicted that neurotics, on the average, would score significantly lower on the PPT than alcoholics, but higher than normals.

It was predicted that normals would make the fewest addictive choices because their psychological and external needs are fulfilled in a more direct way than are the needs of alcoholic and neurotic persons.

2. Within the alcoholic group, it was not expected that all alcoholics would score uniformly high on all of the personality trait-scales. Although the underlying tendencies for dependency needs and conflict would elevate the alcoholics' scores on all of the trait-scales as predicted in Hypothesis 1, it was expected also that evidence would be found suggesting that the alcoholic process involves two ways of coping with the individual's psychological needs. In the case of some alcoholics, longings for continual nurturance in a passive dependent mode were expected to express themselves through an elevation on the Oral dependence, Magical omnipotence, and Infantile needs for security trait-scales (hereafter referred to as the OMI trait-pattern).

Other alcoholics were expected to have found expression of these primitive, dependent longings so threatening that they had to defend against these impulses, or to have been so frustrated in their attempts to achieve satisfaction that they responded with angry retaliation, or with withdrawal from social contact, or with a turning of aggression against the self, rather than with pleas for succorance. Such persons would be expected to have elevated scores on the Antisocial impulses, Avoidance of intimacy, and Masochistic tendencies trait-scales (hereafter referred to as the AAM trait-pattern).

Therefore we can state the second hypothesis as

follows: It was expected that two patterns of elevated trait-scores would be found; one characterized by the fact that the OMI traits are the most elevated, and one characterized by the fact that the AAM traits are the most elevated. If there are indeed these two ways of coping that define types of alcoholics, one should find a substantial number of subjects in each of the types.

It should be understood that the author is speaking here of a patterning of trait-scores, i.e., of scores that are relatively higher than other scores of the subject. The subject can be higher than neurotic or normal subjects on all the traits (as predicted in Hypothesis 1), and still have a differentiating pattern among the traits, with some that are high compared to his other trait-scores, and some that are low compared to his other trait-scores. The comparison here is made within the scores of a single alcoholic subject.

Special attention should be drawn to the Impulsiveness trait-scale which has not been included in either the expected OMI or AAM trait-patterns. Hypothesis 1 predicted that alcoholics would be characteristically high on tendencies for impulsivity, and this should be the case regardless of whether or not the alcoholic manifests tendencies characterized by the OMI or AAM trait-pattern. Alcoholics should be high on the Impulsiveness trait because they find it difficult to tolerate delays in the primitive ways of

seeking gratification that are believed to be characteristic of the alcoholic process.



CHAPTER II

METHOD

The revised PPT consisted of 144 pairs of pictures from each pair of which the subjects were asked to choose the picture they preferred the most. The picture-pairs within each of the personality trait-scales were constructed to depict a postulated need, fear or conflict believed to be part of the underlying personality complex rendering the individual vulnerable to the effects of alcohol. As such, it was predicted that an individual's choice or rejection of a given picture would reflect the presence or absence of underlying personality dynamics. For instance, if we postulate that alcoholic individuals have strong dependency and passivity longings in order to feel loved and secure, we would expect him to prefer external events depicting this form of gratification, as compared to a situation depicting an individual studying in order to graduate and acquire a good job. To tap this particular aspect of the alcoholic's functioning, there were a number of picture-pairs depicting this type of situation. For example, from one pair of pictures, the subject must choose between a picture of a mother tying a

young boy's shoelaces, and a picture of the same boy tying his own shoelaces. The alcoholic subjects are expected to choose the former more often than neurotic or normal individuals because it is believed that alcoholics have relatively greater needs to be nurtured than neurotics or normals.

Rationale for Each of the Personality Trait-Scales

1. Oral dependence scale: Perhaps the most widely used adjectives to describe alcoholics are variations of clinging, dependent, demanding nurturance, irrational reliance upon external agents for security and care, etc./ More objectively, alcoholics seem to have an infantile, demanding orientation to other persons as the providers of their insatiable requirements for food, love, acceptance, and comfort; and also they seem to have a pervasive attitude of passivity toward the world, viewing it as essentially beyond their influence and as determining their fate. This attitude, indeed, is reminiscent of the infant's attitude in the nursing stage. It is believed that damage during the nursing period results in a fixation at this level, perpetuating both the mode of relating to the world characteristic of this phase and the need for narcissistic gratification typical of the infant. This orientation is believed to be behind the oral qualities of the alcoholic, and it is predicted that the strength of these needs will distinguish most alcoholics from other individuals.

The Oral dependence trait-scale was constructed to measure such oral needs. A typical item demands a choice between a picture of a mouth and a picture of two eyes. It was predicted that a person would choose the mouth if he has a basic tendency toward achieving gratification via the oral modality.

2. Infantile need for security, regressiveness and passivity trait-scale: This scale was constructed on the premise that alcoholism is a misguided attempt to repair some past pain. The alcoholic individual does not approach his problem directly, treating it by a realistic problem-solving attitude, but rather, it appears he attempts to order his world and to seek gratification in a way much more appropriate to earlier phases of his life. In short, he seems ready to regress to a time when it was appropriate for his relationships to be built around nurturant external agents, when he could demand sustenance and seek outside help in assuaging tension or anxiety. He appears willing to forego ego needs for autonomy and independence and opts for a passive-recipient type of relationship with his environment, an environment that does not demand reciprocal gratification.

It is because of these regressive tendencies to seek security through nurturant relationships and because of his passive tendencies, that the author selected the items in the present scale. The items in this scale depict individ-

uals with whom the subject can identify, participating in relationships that are either mature and responsible, or in relationships where the person is more helpless and is being cared for. The subjects must choose between pictures showing two kinds of relationships. A typical item depicts a choice to be made between a wheelchair and a pair of crutches. The alcoholic was expected to choose the wheelchair because it implies less expenditure of energy -- someone pushing the person depicted where he wants to go. This choice represents an underlying desire to be cared for and mobilized by someone else, rather than by one's own efforts.

3. Avoidance of intimacy trait-scale: This scale was constructed as a result of dynamics believed, on the basis of psychoanalytic theory, to be operating within an alcoholic personality and partly as a result of observations of alcoholics in their interpersonal relationships. The alcoholic presents a "nice guy" image, is outwardly friendly and gregarious. He is unable, however, to form and maintain close relationships with people. Marriages are usually inadequate, if not aborted. Friends usually are limited to drinking companions, and these friendships seldom extend/beyond the superficial, drinking-oriented social relationship. When therapists, or other people begin to form closer relationships with alcoholics, inadequately repressed hostility and resentment are provoked;

there appear fears regarding their sexual identity and potency; and a generalized resentment and resistance toward any authority figure becomes evident. It appears that the beginning of a close emotional attachment causes an alcoholic to re-experience past, barely-repressed conflicts, the anxiety from which he must avoid. Thus, he chooses superficial social relationships designed to provide non-reciprocal gratifications.

The Avoidance of intimacy trait-scale was constructed to measure the degree to which these tendencies are present within alcoholics as compared with other groups of people. A typical choice within this trait-scale is between pictures of a double and of a single bed. It was predicted that an alcoholic would more often avoid the double bed because it triggers off anxieties involved in close emotional relationships, represented by sexual activity between a husband and wife, and because this picture also arouses fears and doubts regarding his own sexual adequacies.

4. Antisocial impulse scale: Antisocial tendencies have been the consistent finding in most "alcoholic personality" studies. It is probable that this is not a primary personality trait, but rather an offshoot of something else that is going on within the alcoholic. The alcoholic, it is believed, is a "fallen child." He has suffered some loss of gratification which he has felt is

his inalienable right to have. He has had two reactions: 1) to devise techniques of ensuring its reappearance, and 2) to experience resentment about the deprivation of this desired sustenance, and the ensuing degradation he must tolerate in order to guarantee continuation of his narcissistic supplies. He responds to authority in a generalized fashion as the depriver of his love supplies. The alcoholic represses a great deal of this hostility, but sometimes acts it out in antisocial attitudes, seeking scapegoats for the loss of bliss. He will identify with people who have fallen from grace and who are striving, by any means, to seek restitution. It is for this reason that alcoholics were predicted to choose pictures depicting some form of antisocial or crime scene. For instance, a typical item within the Antisocial trait-scale offers a choice between a picture of a man stealing a car and a picture of the same man paying a salesman for the car. It was expected that the alcoholic would choose the former.

5. Impulsiveness and low tolerance for frustration trait-scale: The alcoholic consistently has been described as impulsive and unable to tolerate the tensions of frustration. His responses to frustrations are reminiscent of a hungry child at feeding time. If his food (love) supplies are not forthcoming immediately, he becomes agitated, explosive, and if left too long, lethargic and depressed. It is postulated that undue frustration results in damaged

narcissism. The hungry child may, however, seek substitute forms of gratification which can be achieved immediately, e.g., thumb-sucking or some other oral activity. As the young child does, the alcoholic responds to most delays of gratification as if they constitute a direct threat to his continuing survival, and therefore, such delay constitutes a sign that external agents care not for his continuing existence; his own survival depends upon his ability to solicit immediate substitute gratification.

The Impulsiveness and low tolerance for frustration trait-scale was designed to measure the need to respond to external events in impulsive ways in order to achieve immediate satisfaction. It was believed that alcoholics would show a greater need in this direction than most neurotics or normals. A typical item in this scale depicts a choice between a long line of people waiting to go into a restaurant, and a picture of an automat. It was predicted that alcoholics would choose the latter because of their discomfort with the delay involved in waiting for their turn to be served in the busy restaurant.

6. Magical omnipotence trait-scale: During early infancy, there is much opportunity for the "prehension" to develop that the child has magical and omnipotent powers. He becomes hungry, wants satiation and behold, someone is there with the desired nourishment -- he willed it, and therefore it materialized. As his perceptions become more

accurate and he begins to appreciate time, cause and effect, etc., he begins to realize that somehow his parents are involved in this magic which tends to his needs. The infant comes to view his parents, upon whose ministrations he depends for his survival, as deputies who exercise his magic powers for him. If these ministrations are inconsistent and there is alternation between thwarting and spoiling, the illusion that he is dependent upon the good will of his parents for their magic and his survival, increases. If satiation of his needs, which become narcissistic love needs, is not adequate, he responds to his parents as if they are cruel, omnipotent, depriving persons; and conversely, he experiences himself as dependent and subjugates himself to their whims. This type of early experience sets up the fantasy that he cannot take care of his own needs, and must therefore be dependent upon the magical powers of external agents. Any success he achieves in "conning" external agents to supply narcissistic supplies serves to temporarily reconfirm past, infantile delusions of omnipotence. If his narcissistic needs are too demanding, causing alienation and rejection, or if his parents have been too rejecting, he will seek gratification in other ways, either from people or from substances such as alcohol which will relieve his needs. Any success he achieves in this regard serves to confirm his dependence on external suppliers, who are basically depriving, but

because of his special powers, he has enlisted their nurturance. This, in turn, fulfills unconscious fantasies of early omnipotence.

This type of personality dynamic, it is believed, is underlying the alcoholic's extreme dependence upon the benefits of alcohol. It magically relieves pain, produces pleasure effects, and becomes endowed with attributes of an ultimate "love-fluid." The fact that the person is actively involved in achieving this form of gratification has implications for his ability to supply his own needs.

The Magical omnipotence personality trait-scale is comprised of items which reflect his needs and expectation in this regard. A typical item offers a choice between two pictures, one depicting a scene where Cinderella is being tapped by the fairy god-mother's wand, and the other a picture of a girl trying on a beautiful dress in a store. It was predicted that the alcoholic would choose the former picture, because through identification with the girl, his wishes for nurturance from a magical omnipotent person are being fulfilled.

7. Masochism trait-scale: This scale was developed in order to compare the extent which alcoholics, neurotics, and normals differ on self-destructive impulses. The alcoholic, by the nature of his addiction, appears willing to tolerate many extreme forms of sacrifice, loss of functioning and love relationships, for the benefits of

the bottle. An alcoholic who experiences severe frustration of his dependency needs may be impelled to express anger at the frustrator; but if he cannot express the anger outwardly, he will turn it against himself. It was predicted that the alcoholic would have a special need for self-inflicted punishment which surpasses that of neurotic or normal individuals.

This scale is composed of pairs of items, one depicting some form of danger or punishment as a result of the person's activity, the other depicting some innocuous or more desirable scene. It was predicted that alcoholics would choose pictures depicting imminent danger or punishment more often than neurotics and normals will. An example of a typical item in this trait-scale demands a choice between a child playing with toy cars, and the same child playing with a lighted match. It was predicted that alcoholics would choose the latter.

Procedure

Each pair of pictures was presented on one slide. The pictures were placed side by side, the subjects viewing the members of each pair simultaneously. Subjects were asked to choose either the picture marked A (at the left), or the picture marked B (on the right). There were 144 picture-pairs in all, presented at ten-second intervals by means of a slide projector. The subjects recorded their answers on a standard IBM test examination sheet.

The order of the picture-pairs was randomized, so that items belonging to any single scale were scattered throughout the test.

The subjects were informed that this was a study related to individuals' preferences. No information was given to the subjects about the experimenter's interest in the psychological predispositional factors in alcoholism. Instructions to the subjects were as follows:

Your task is simply to choose which of the two pictures you like better, circling 'A' on the answer sheet if you like the left-hand picture better, and 'B' if you like the right-hand picture better. Here is a sample item; you should circle 'A' on the answer sheet opposite the 'X' if you prefer the left-hand picture of the lamp, and 'B' if you prefer the right-hand picture of the tree. Now here is another practice set of pictures. (Sample Item Y is shown.) Circle the 'A' on the answer sheet if you prefer the left-hand picture, the 'B' if you prefer the right-hand picture. Each set of pictures will be shown for ten seconds. You should mark your choice within this time period. Sometimes you will find it hard to choose one or the other picture. Please make a choice for every pair of pictures, even if

it is difficult to do so. If you don't like either picture, mark the one you dislike less.

Are there any questions?

Upon completion of the PPT, the subjects were asked to fill out a questionnaire requesting personal information. Questions about age, education; occupation, marital status, history of addictiveness, and emotional difficulties were included in this questionnaire. (See Appendix C for text of questionnaire.)

At no time were the subjects asked to identify themselves. To assure anonymity, each subject was assigned a code number to identify the group to which he belonged.

Subjects

Alcoholic subjects. In selecting the alcoholic sample, the experimenter chose individuals having a primary diagnosis of alcoholism. Fifty male, alcoholic subjects were recruited from the Connaught Clinic for Alcoholism in Windsor. The sample drawn from the Connaught Clinic was composed of people who admitted having an alcoholic problem. They were not committed to the clinic, but rather attended because of encouragement from their families or doctors.

Specific criteria were selected to define the meaning of an "alcoholism problem." Individuals for this sample were chosen for whom it was clear that they continued intemperate drinking despite multiple negative conse-

quences, These negative consequences were: reliable reports of extreme post-drinking hangovers and discomfort; loss of proper functioning such as blackouts, dizziness, stomach problems, etc.; marital disruptions consequent to drinking episodes; economic hardships through excessive spending to support the addiction and job loss; and family and social ostracism.

The criterion of chronicity was also used in selecting the alcoholic sample. Individuals were chosen whose drinking had been reliably reported as steady, representing daily consumption of alcohol and frequent intoxication. Chronicity was also defined in terms of length of dependence upon alcohol. Individuals were selected for whom alcoholism had been a problem for at least five years prior to the date of participating in the present study.

Wherever there were indications of organic impairment or extreme psychopathology of psychotic proportions coincident with alcoholism, these individuals were excluded from the alcoholic sample.

Neurotic subjects. Thirty-five male, neurotic subjects were recruited from the outpatient department at the I.O.D.E. Hospital in Windsor, Ontario. The neurotic sample was chosen on the basis of a primary clinical diagnosis of anxiety neurosis. People having this diagnosis were assumed to be most representative of neurosis in general because this category includes people who are having

psychological problems in living, are experiencing anxiety, and frequently are having somatic symptoms. These people can be clearly contrasted with other persons who are also experiencing problems in living but cope with such problems through developing an excessive dependence on alcohol to such an extent that the dependence becomes the primary focus of the patients' concern and the primary focus of the therapeutic efforts. Such a comparison enables clearer conclusions to be drawn than would a comparison, for example, of persons having a passive-dependent character disorder with alcoholics, since psychoanalytic thinking, as well as the standard classification considers alcoholism also to be a character disorder. In some cases, however, the subjects included in the present neurotic sample had secondary diagnoses of passive-dependence or depression. In all cases, neurotic subjects were carefully screened in order to exclude any individuals with concurrent drug, alcohol or food dependencies.

Normal subjects. The normal sample was composed of 50 men recruited from various service clubs in the vicinity of Windsor and from the maintenance workers of the University of Windsor. There is always a problem in trying to define a "normal" sample for there is no assurance that there may not be some well-disguised emotional problems which people do not report or act upon. It is believed, however, that persons with drug or alcohol addictions, or

other serious psychopathological problems have been excluded from the normal sample. The screening process consisted of having each individual fill out a questionnaire asking for personal information. Any individuals who reported dependence on drugs or alcohol, heavy smoking, eating problems, attendance in a therapeutic program at a hospital or with a private therapist, or personal emotional disturbance, were excluded from the sample.

Characteristics of the samples. Because of the preponderance of males among visible alcoholics in our society, it was decided to use only males in all three samples in this study. The samples were kept as similar as possible in age and social class. Table 1 shows the means and standard deviations for the ages of subjects in the three samples. The age range for the alcoholics was 21-63 years; for neurotics, 24-58 years; and for normals, 24-58 years. Obviously, there is no appreciable difference in the ages of subjects in the various samples.

Social class data were analyzed according to the Two Factor Index of Social Position, proposed by Myers and Bean (1968). This index of social position is made up of a 7-point occupation scale and a 7-point education scale. To calculate the Index of Social Position for an individual, the scale value for occupation is multiplied by the weight for occupation (7), and the scale value for education is multiplied by the weight for education (4). These two

TABLE 1
Ages of Subjects

Group	N	Mean	S.D.
Alcoholics	47	39.28	10.54
Neurotics	32	37.75	9.64
Normals	49	41.69	14.80

products are added to provide a total Social Position score. The continuum of scores is divided into a hierarchy of score groups corresponding to five social-class categories. Appendix B presents the occupation and education scales, together with a table showing the range of Index scores for each social class.

Comparisons of the alcoholic, neurotic, and normal samples for social class are presented in Table 2. The majority of the individuals within each of the three groups, fell within a computed score range equivalent to the lower-lower and upper-lower social classes. A larger proportion of normals and neurotics, than of alcoholics, however, were rated as members of the upper-middle class. We can conclude, therefore, that the three groups are roughly similar in social class, as estimated by Myers and Bean's (1968) measure, but there is a somewhat greater proportion of middle-class subjects in the neurotic and normal groups, especially in the normal group. A comparison of the distributions yielded an insignificant Chi Square in the case of the alcoholic and the neurotic social-class distributions, but a highly significant Chi Square between the alcoholic and the normal distributions (Chi Square = 15.908; d.f. = 2; $p < .005$).

Because there is this difference in social class between the alcoholic and normal groups, an analysis of the relationship between social-class placement and PPT

TABLE 2
 Ranking of Subjects According to Two Factor
 Index of Social Position

Frequencies			
Social Position	Alcoholics	Neurotics	Normals
I - UC	0	0	1
II - UMC	1	4	7
III - LMC	4	3	11
IV - ULC	27	19	11
V - LLC	9	5	14
No Data	9	4	6
Percentages			
I - UC	0	0	2.3
II - UMC	2.4	12.9	15.9
III - LMC	9.8	9.7	25.0
IV - ULC	65.9	61.3	25.0
V - LLC	22.0	16.1	31.8
Means			
	4.07	3.81	3.68

score was done. The results of this analysis will be reported when the test results are given.

CHAPTER III

RESULTS

Tests of Hypotheses

Hypothesis 1 predicted that alcoholics would score highest, neurotics intermediate, and normals least on all of the PPT trait-scales. Mean scores and standard deviations for the alcoholic, neurotic, and normal groups on the total score for the PPT are shown in Table 3. To test whether the means of the alcoholics and the neurotics, the alcoholics and the normals, and the neurotics and the normals were significantly different,¹ in the predicted direction, t-tests were done. Table 4 reports the t-values obtained. The differences between alcoholics and neurotics, and between alcoholics and normals, were statistically significant in the expected direction. The differences between neurotics and normals were not statistically significant.

The mean scores and standard deviations for alcoholics, neurotics, and normals on the seven PPT trait-scales are

¹ In all of the statistical analyses to be reported, the .05 level has been taken to define statistical significance.

TABLE 3
Mean Scores and Standard Deviations
on Picture-Preference Test

Group	Mean	Standard Deviation
Alcoholics	42.44	6.38
Neurotics	34.89	5.05
Normals	34.94	4.77

TABLE 4
t-Test Values Between Group Means for Total
Score on Picture-Preference Test

Groups	<u>t</u> -Test Value
Alcoholic and Neurotic	17.36*
Alcoholic and Normal	15.59*
Normal and Neurotic	0.13

* $p < .05$

shown in Table 5. To test whether the scores were significantly different from each other on each of the seven trait-scales, t-tests were conducted. These t-test values are shown in Table 6. The differences between alcoholics and neurotics on Oral dependence, Antisocial impulses, Avoidance of intimacy, Infantile need for security, and Masochistic tendencies were statistically significant in the expected direction. Differences between alcoholic and neurotic scores on Impulsiveness and Magical omnipotence tendencies were not statistically significant.

The differences between alcoholics and normals on Impulsiveness, Oral dependence, Antisocial impulses, Infantile need for security, and Masochistic tendencies were statistically significant in the expected direction. Differences between alcoholic and normal scores on Magical omnipotence tendencies, and Avoidance of intimacy were not statistically significant.

Differences between scores for neurotics and normals did not reach significance on any of the seven personality trait-scales.

Hypothesis 2 predicted that, in spite of an expected elevation of alcoholic scores compared to neurotic and normal scores on all of the PPT trait-scales, alcoholics would not score uniformly high on the seven personality trait-scales. It was expected, rather, that some alcoholics would have relatively higher scores on the OMI trait-

TABLE 5
Mean Scores and Standard Deviations
(in Parentheses) on Trait-Scales

Traits	Alcoholics	Neurotics	Normals
Impulsiveness	6.88 (2.19)	6.34 (1.87)	5.98 (1.95)
Oral Dependence	8.46 (1.96)	7.49 (2.11)	7.12 (1.86)
Magical Omnipotence	6.12 (2.02)	5.77 (1.86)	5.60 (1.70)
Antisocial Impulses	4.36 (1.13)	2.40 (2.35)	2.48 (1.85)
Avoidance of Intimacy	6.60 (2.38)	5.03 (2.19)	5.74 (2.38)
Infantile Need for Security	7.34 (2.25)	6.14 (1.62)	6.02 (1.45)
Masochistic Tendencies	2.68 (2.05)	1.71 (1.02)	2.00 (1.13)

TABLE 6
t-Test Values Between Groups on PPT Trait-Scales

Group Comparisons			
Trait-Scale	Alcoholic with Neurotic	Alcoholic with Normal	Neurotic with Normal
Impulsiveness	1.13	1.94*	0.87
Oral Dependence	2.38*	3.16*	0.82
Magical Omnipotence	0.89	1.24	0.43
Antisocial Impulses	3.22*	2.84*	0.17
Avoidance of Intimacy	3.43*	1.64	1.42
Infantile Need for Security	3.04*	3.04*	0.83
Masochistic Tendencies	2.97*	1.78*	1.21

* $p < .05$

scales than on the other trait-scales, and some alcoholics would have relatively higher scores on AAM than on the remaining trait-scales.

To analyze these data, each alcoholic subject's score on each of the seven trait-scales was converted into a percentage of the total possible score on the scale. Then each subject's set of scores on the seven traits was examined. Those subjects whose three highest scores were on the three OMI scales were counted as belonging to the OMI type. Those whose three highest scores were on the three AAM scales were counted as belonging to the AAM type.

There were 14 subjects in the OMI type; there was one subject in the AAM type. There were seven scales. Three out of seven scales could be selected in 35 ways. The probability of selecting the OMI pattern, or of obtaining the highest scores on the OMI scales, is thus $1/35$. In this sample there is evidence for the existence of an OMI type, but there is no evidence for the existence of an AAM type.

On the Impulsiveness trait-scale alcoholics were significantly higher than normals, however, there was no statistically significant difference between the alcoholic and the neurotic groups (see Table 5).

Social Class Differences of the Samples

In order to determine whether the differences reported in this study between PPT scores of alcoholics, neurotics, and normals could be accounted for by the social-class

differences of these groups, the correlation of PPT score with social class was computed separately for each group. The product-moment correlations are as follows: for alcoholics $-.06$; for neurotics $-.04$; and for normals $+.08$. The mean of these three correlations is $-.01$. Obviously, these correlations are not significant. Table 7 shows the mean scores for each social class within each group.

Internal Consistency of Scales

Kuder-Richardson reliabilities for each scale were computed for the alcoholic, neurotic, and normal groups separately. These are shown in Table 8. For the alcoholic group the Kuder-Richardson reliability estimates were statistically significant for the Antisocial impulses, Avoidance of intimacy, Infantile need for security, and Masochistic tendencies trait-scales. This would indicate that these scales are reliably measuring whatever they measure. The Oral dependency trait-scale, while it distinguishes between the three groups of subjects, appears to be factorially complex. The Impulsiveness and Magical omnipotence trait-scales do not distinguish between the groups of subjects and do not have statistically significant reliability estimates.

TABLE 7
PPT Scores for Each Social Class
Within Each Group

Social Class	Alcoholic		Neurotic		Normal	
	N	\bar{X}	N	\bar{X}	N	\bar{X}
I	-	-	-	-	1	28.0
II	1	33.0	4	37.5	7	35.4
III	4	42.0	3	31.7	11	36.6
IV	27	42.4	19	34.2	11	33.6
V	9	36.9	5	38.6	14	36.3

TABLE 8
Kuder-Richardson Reliability Estimates
of Trait-Scales for Each Group

Scale	Alcoholics	Neurotics	Normals
Impulsiveness	0.15	-0.15	0.11
Oral Dependency	-0.05	0.12	-0.08
Magical Omnipotence	0.25	0.23	0.06
Antisocial Impulses	0.79*	0.65*	0.43*
Avoidance of Intimacy	0.29*	0.28*	0.36*
Infantile Need for Security	0.34*	-0.23	-0.39*
Masochistic Tendencies	0.58*	-0.16	-0.01

* $p < .05$

CHAPTER IV

DISCUSSION

Comparisons of Total Test Score across Groups

The prediction that alcoholics would score higher than neurotics and normals on the PPT total score was supported. (See Table 4.) This finding is consistent with the assumption that alcoholism develops from a specific personality base, with the alcoholic behaviour expressing underlying conflicts and psychological needs associated with this personality orientation. The present study cannot tell us, however, whether the traits preceded the development of alcoholism or resulted from it.

Unlike other studies reviewed, this study has found that, in terms of personality organization, alcoholics differ from persons experiencing other forms of psychopathology, in the case of this study, from neurotics. The present results indicate that alcoholics manifest behavioural responses suggestive of dependency conflicts and of compensatory ways of coping with these problems, to a greater extent than do neurotics or normals.

Despite the support found for the major hypothesis, it is worth noting that all three groups scored in the

lower range of possible addictive scores, since with 144 items, one could conceivably get an even higher score than the 69 that the highest alcoholic subject got. The alcoholics had a mean total score of 42.44; the neurotics, 34.89; and the normals, 34.94. A possible explanation of the tendency for the scores to be at the low side of the possible range is that some of the items may have evoked a need in the subjects to respond in a socially desirable way in order to protect themselves. Such a tendency would serve to depress the total score for addictiveness, in all groups.

There were 35 items in the PPT that were seldom chosen by the subjects in any of the three groups (less than 20 percent response-rate). Social desirability needs may have precluded many of the subjects from choosing these items. Some of these items may not have discriminated between the alcoholic and the other groups. But some of these seldom-chosen items may, nevertheless, have discriminated between the groups. These discriminating items should be retained.

We lack information about whether social desirability is indeed related to the responses in the PPT. We also lack information about whether social desirability is related to the distinctions between alcoholism, neuroticism, and normality. If social desirability is influencing the present results, subjects would avoid making choices of some "addictive items" because such a choice would precipi-

tate an uncomfortable awareness of underlying psychological tendencies that are threatening to him. Or, the alternative item (to the "addictive item") may represent a sufficiently socially desirable state of affairs that many of the subjects feel compelled to choose this, despite the presence of the underlying psychological tendency depicted in the "addictive alternative." Such a process might cause many subjects to avoid choosing some of the items in the PPT. Only further research can throw some light on these matters.

Despite the depressing function that some unknown factors, such as social desirability, had on the score-level, it was impressive that alcoholics, nevertheless, scored significantly higher than neurotics or normals on the PPT.

Lack of Difference Between Neurotics and Normals

Cowan and Auld (1973) found, in analyzing data from Cowan's dissertation (1967) that neurotics and normals responded differently to the PPT as it was then composed. In view of the present study's theoretical analysis and in view of Cowan and Auld's previous finding, it is somewhat disturbing not to find the expected difference between the neurotic and normal groups. On the PPT, neurotics and normals performed as if they were from the same population.

There could be a number of explanations for this. Cowan's results may have been influenced by the composi-

tion of his neurotic sample. This sample was chosen partly from the V.A. Hospital in Allen Park, Michigan, where the present experimenter found a high incidence of character disorders in the "neurotic" patients. If this were so for Cowan's patients as well, the difference between neurotic and normal groups in Cowan's study could have been a function of the character disorder component, rather than of an orientation generally true for neurotics.

Another possible explanation is that the personality traits tapped by the items of the revised PPT may be endemic specifically to the alcoholic personality organization, and not a significant component of the general neurotic personality orientation. If this is so, it would be expected that neurotics and normals will respond in roughly the same way.

A third possibility is that there is something about the nature of the items in the revised PPT, apart from their intended content, that causes groups of subjects from different populations to respond in different ways. Some of the items may be so lacking in subtlety that neurotics and normals make the same choices, but for different reasons. If the intent of the item is clear to the respondent, he then has the opportunity to choose to answer in a way that would be favourable for him. According to this reasoning, we might expect less defensiveness in the responses of normal subjects because they would be less threatened by

awareness of dependency needs and dependency conflicts than neurotics would. Such a process would serve to equalize scores between the two groups. The alcoholics, however, who have participated in the Connaught Clinic programme, may have learned to be rather less defensive.

Comparisons of Trait-scores across Groups

As expected, alcoholics tended to score highest on the individual trait-scales contributing to the total score for addictiveness, as shown in Table 5. Alcoholics did not, however, differ from neurotics on the trait-scale for Impulsiveness; nor did alcoholics differ from neurotics or normals on the Magical omnipotence trait-scale. These data suggest that impulsiveness is a common feature between alcoholism and general neuroticism, causing both groups to be elevated on the Impulsiveness trait in comparison with the normal group. The data are not consistent with the hypothesis that alcohol serves to appease primitive wishes for magical satiation and omnipotence. However, one should keep in mind that the Kuder-Richardson reliability estimates for these traits are low and not statistically significant (as shown in Table 8). It is thus possible that the scales are not consistently measuring any variable. The negative finding about group differences involving these two traits should, therefore, be interpreted cautiously.

Alcoholics, as predicted, were significantly higher

than neurotics and normals on the following trait-scales: Oral dependence; Infantile need for security, regressiveness and passivity; Antisocial impulses; Avoidance of intimacy; and Masochistic tendencies. These data suggest that the alcoholic process involves underlying dependency needs and conflicts, and compensatory ways of dealing with frustrations of these needs. The alcoholic process seems to involve two orientations in this regard:

1. A pervasive need for agents in the alcoholics' environment to provide important psychological supplies. The alcoholics' responses to the PPT suggest that, as a group, they wish for continual demonstrations that they will be protected and cared for. This is the presumed content of the Oral dependency trait-scale. They do not wish to do things for themselves, but rather to have things done for them. The data are consistent with the hypothesis that strong dependency needs are important ingredients in the alcoholic personality. It seems that fulfillment of infantile dependency needs serves to reassure these individuals that they are loved and cared for. They constantly seek indulgence as proof of their valued status. The form of indulgence which they seek is of an oral nature where a mother-figure provides nourishment (love, protection, concern), much as she did during the early child-parent relationship. It would appear that many alcoholics have not outgrown these needs and that they view independence

and relationships of reciprocity as frustrators of their narcissistic needs. Because the early dependency-fulfilling patterns became so strong, they continue to attempt to live their lives in this mode.

2. A hostile reaction to frustrations of the dependency needs. Because alcoholics are so demanding and are continually seeking indulgence, they must, by the nature of the adult world, be frustrated. This frustration inevitably produces psychological reactions, and these may be the basis for the elevated scores on the Avoidance of intimacy, Antisocial impulses, and Masochistic tendencies trait-scales. Knight (1937) described the mother of the alcoholic as characteristically overprotective and indulgent during the infancy stage of her child where she built a pattern of soothing the infant through oral pacification. This "demand-feeding" was bound to be subsequently frustrated through weaning periods and in later childhood when the child must begin to tolerate frustration and assume responsibilities for his own life. The Avoidance of intimacy tendencies of alcoholics suggest that they perceived this individualization process to be a sign of abandonment by the one person they needed most for their survival. The mother can no longer be trusted, and so anyone they might love can no longer be trusted. They must withdraw and must avoid situations which represent this type of intense involvement; yet, by their nature,

they must continue to solicit fulfillment of their needs.

The alcoholics' excessive demands for nurturance must by their nature be frustrated. Such frustration causes disappointment and rage at the "breach of trust" which has threatened their survival. This rage is directed toward those people whom they perceive as frustrating. Perhaps this is a valuable means of understanding the genesis of the antisocial impulses which typify the alcoholics in this study. The rage and disappointment motivates responses of hostility and retaliation. Society and its authority-figures are convenient targets for their wrath. They can experience and express resentments toward the frustrating laws, failures, and hardships that are inevitable in society, while remaining close to their mother upon whom they are so dependent.

Menninger (1938) understood the alcoholics' apparent need for self-destructive behaviour as a reaction to the rage and hostility felt toward their frustrating mother. The guilt aroused from the desire for revenge against their parents, awakens the need for self-punishment. The hypothesis just stated is a traditional psychoanalytic proposition, and undoubtedly has value, but the alcoholic process may precipitate a more direct reaction of masochistic tendencies. Firstly, if it is true that alcoholic-prone individuals have sacrificed ego-needs of independence and autonomy in order to fulfill their security needs, it is

also true that the feelings of self-worth and self-esteem that follow personal accomplishments, mastery, and independence do not have the opportunity to develop. The passivity and dependence, despite their survival-value, would be personally degrading. Therefore, the alcoholics' acts of self-punishment and self-debasement may be a consequence also of feelings of worthlessness, and their behaviour may be an expression of their self-evaluation in a situation of reduced competence. In addition, alcoholics, whose drinking is reaching the point where it is a problem for them, must tolerate continual experiences of personal failure and self-degradation. These would further increase their feelings of worthlessness and help to perpetuate tendencies toward self-punishment and self-debasement.

Reliability Estimates of Trait-scales

The Kuder-Richardson reliability estimates (shown in Table 7) for Antisocial impulses, Avoidance of intimacy, Infantile need for security, and Masochistic tendencies trait-scales were all statistically significant for the alcoholic group. The Oral dependence trait-scale was successful in distinguishing alcoholics from neurotics and normals, however, the KR-20 for this scale was not statistically significant. It would appear that some variable(s) is being measured, even though this is not a homogeneous trait-scale. In other studies, by Cowan and Auld (1967) and Begin (1972), the Oral dependence trait-scale was not

/ homogeneous, but the groups were reliably distinguished.

KR-20 reliability estimates were significant for the neurotic and normal groups on the Antisocial impulses and Avoidance of intimacy trait-scales. Reliability estimates were not significant for neurotics and normals on the Infantile need for security and Masochistic tendencies trait-scales. In fact, for these two trait-scales, there were negative reliability coefficients. It would appear that for neurotics and normals, there is a negative correlation between some items within these trait-scales - a negative correlation that does not exist between items when answered by alcoholic subjects. The differences between the reliabilities for alcoholics (.34), for neurotics (-.39), and normals (-.23) on the Infantile need for security trait-scale may suggest real structural personality differences between alcoholics and nonalcoholics.

The apparent negative correlation between items on the Infantile need for security and Masochistic tendencies trait-scales for neurotics and normals, may have been caused by a heightened need for defensiveness in response to some of the items. For the neurotics and normals, needs for denial or defensiveness may have been aroused due to a lack of subtlety in certain items. Therefore, if the neurotics and normals did possess these traits and did not want to admit them, they would respond in the negative direction on items where the intent was clear to them.

Those subjects who possessed a relatively lower level of the traits would not have been as threatened, would not have responded as defensively, and thus may have achieved a higher addictive score on the trait-scale. This would explain the apparent negative correlations between some of the items.

The alcoholics, in contrast, have attended a therapy programme at the Connaught Clinic for Alcoholism where they are encouraged to admit their drinking problem and their tendencies which contribute to their needs for alcohol. This may have made them less defensive to admitting underlying tendencies depicted in the PPT items.

Another possible explanation is that alcoholics may have relatively greater tendencies for infantilism and masochism than neurotics and normals. The relatively greater strength of these tendencies may cause the alcoholics to choose pictures depicting such tendencies despite concurrent needs for defensiveness. The higher variance for the alcoholic group on the PPT is consistent with this hypothesis. For alcoholics, there may be two sources of variance -- trait source and defensiveness source.

Comparisons of Alcoholics having OMI and AAM Trait-patterns

More alcoholics than would be expected by chance had a pattern of scores in which the OMI trait-scores were higher than their scores on the other four traits. This was not the case for AAM traits; only one person was found

fitting this hypothesized type. The hypothesis that there would be two predominant and mutually exclusive tendencies underlying the alcoholic process was not supported by the data. It seems, rather, that dependency needs, as directly expressed, define a type within the alcoholic group.

CHAPTER V-

CONCLUSIONS

1. The data from the present study indicate that alcoholics manifest dependency needs and conflicts, and compensatory ways of coping with frustrations of these dependency needs to a greater extent than do neurotic and normal individuals. The present study provides no evidence about whether these traits preceded the alcoholic behaviour pattern. Other studies, such as those by Jones (1968), by McCord and McCord (1960), and by Williams, McCourt, and Schneider (1971) would tend to support the interpretation that these character traits are predisposing. Although the present study cannot demonstrate predisposition, the present author believes that these tendencies are important factors underlying the development and perpetuation of alcohol addiction.

Even if one concludes that the traits in this study, found to be more pronounced among alcoholics, are predisposing traits, one would not therefore conclude that all people who are high on dependency needs and tendencies for hostile reactions to perceived frustrators will become alcoholic. The data indicate only that most alcoholics

have such tendencies. Other people who have these tendencies may not become alcoholic, because of sub-cultural proscriptions against drinking, because of their lacking biochemical susceptibility to the effects of alcohol, or because of other fortuitous factors.

Many people, for whom it is clear that they have a drinking problem, appear to share a common set of traits on which they have higher scores. These traits are: Oral dependence, Antisocial impulses, Avoidance of intimacy, Infantile needs for security, and Masochistic tendencies. Many alcoholics appear to share heightened tendencies toward impulsiveness with many neurotics; both groups are higher on this personality trait than normal individuals. The present study did not find that Magical omnipotence fantasies, as these are measured by the PPT, are a significant factor in the alcoholic's personality organization.

2. An attempt to define two opposed types of alcoholics, corresponding to two ways of coping with dependency needs, was unsuccessful. Although extreme scores on the dependency triad of scales (OMI trait-pattern) defined a type of alcoholic, the AAM type did not appear. The data suggest that dependency needs are the principle components underlying the alcoholic process.

3. The revised PPT appears to be a valuable technique for measuring traits underlying the alcoholic's personality organization. Further research is required, and is planned,

to investigate the social desirability and defensiveness factors that may influence responses to certain items in the PPT. An item-analysis should be done to discover which items are most susceptible to needs for defensiveness. These items might have to be changed or discarded. One would surely do so if equally discriminating items could be found that aroused less defensiveness. The item analysis should, of course, also be conducted to determine which items are unsuccessful in distinguishing between the groups, or otherwise demonstrating validity, and these items should be discarded.

It is also suggested that the Oral dependency trait-scale be factor-analyzed to isolate the variables operating within this scale. Subscales of oral-dependency traits having homogeneous items could be developed.

APPENDIX A

Description of Picture Preference Test and Scoring Key

Trait-scales

1. Impulsivity trait-scale
2. Oral dependence trait-scale
3. Magical omnipotence trait-scale
4. Antisocial impulse trait-scale
5. Avoidance of intimacy trait-scale
6. Infantile need for security, regressiveness and
passivity trait-scale
7. Masochism trait-scale

Item No.	Picture A	Picture B	Addictive Choice	Trait
1.	Two men arguing	One man hitting the other	B	1
2.	Marquee displaying LOVE STORY	Marquee displaying GODFATHER	B	4
3.	Sleeping Beauty being kissed awake by prince	Girl coming to family breakfast table	A	3
4.	Frustrated boy sitting in front of math problem with figures Xed out	Same boy being reprimanded by mother	B	1
5.	Man being shot from a cannon	A clown	A	7
6.	Young man, arm-in-arm with girlfriend	Same man walking hand-in-hand with parents	B	6
7.	A conservative appearing man	A masked man	B	4
8.	A male sword-swallower	A male fire-eater	A	2
9.	WRONG	RIGHT	A	7
10.	Rear view of a tenement and alley	A fun-house mirror with distorted reflection	A	1
11.	Boy climbing a tree	Boy with custard pie on face	B	1

Item No.	Picture A	Picture B	Addictive Choice	Trait
12.	A man and woman kissing	Scene inside theatre	B	5
13.	Father reprimanding son in a loving way	Son kicking family cat	B	4
14.	YES	NO	B	7
15.	A wheelchair	A pair of crutches	A	6
16.	A skinny man	A fat man	B	2
17.	Man sweeping the floor	Man walking a tight-rope	B	7
18.	Refrigerator with door open - amply stocked	Refrigerator with door closed	A	2
19.	A wolf	Flock of wild geese	A	5
20.	Christmas tree with presents	Santa Claus with bag of presents	B	6
21.	A boy being treated by a doctor	Boy escaping through window from scene of crime	B	4
22.	An upright baby bottle	Same bottle tilted down and out	B	2
23.	Medicine cabinet filled with toothbrushes, band-aids, etc.	Same, filled with pill bottles	B	2
24.	A stack of cans on table in a heap	Man's hand adding a can to a tall tower of shakey cans	A	1

Item No.	Picture A	Picture B	Addictive Choice	Trait
25.	Mother feeding son	Father feeding son	A	6
26.	A girl thinking about a grave	Same girl thinking about husband and child	A	1
27.	Figure going down in a Whirlpool, man diving in to save him	Same, but man throwing life preserver	A	1
28.	Man cooking his own meal	Man lying in hospital bed with food tray in front of him	B	2
29.	Modern art representation of a figure close up	Same - at a distance	B	5
30.	Figure giving shot to a man's arm	Same man receiving shot from an arm	B	3
31.	Bedroom, two figures in bed	Bedroom, one figure in bed	B	5
32.	Man finding a filled treasure chest	Same man as "chairman of the board"	A	3
33.	A group of people standing and talking	Same, with one person away from the group	B	5
34.	Young boy playing with toy cars	Young boy playing with lighted match	B	7
35.	A drunk being laughed at	Same man with family	A	7

Item No.	Picture A	Picture B	Addictive Choice	Trait
36.	A man hanging from cliff, holding branch with one hand	Same man, crumpled on ground at foot of cliff	B	1
37.	A man with mask and gun	A policeman	A	4
38.	Cinderella being tapped by fairy godmother	Girl fitting on a beautiful dress in a store	A	3
39.	A rose with thorns	A dead tree	B	1
40.	An escalator	An express elevator with door closed	A	1
41.	A road going into distance with town in background	Same scene, with no town in sight	B	5
42.	A double bed	Twin beds	B	5
43.	A muscular stevedore	Superman	B	3
44.	A car parked by side of road with hood up	Same car driving on mountain road with cliff on side of road	B	1
45.	A woman holding a baby	Same woman playing with baby	A	6
46.	Boy putting a candy into his mouth	Boy looking through a small telescope	A	2
47.	Man with super-human qualities	Same man, with normal qualities	A	3

Item No.	Picture A	Picture B	Addictive Choice	Trait
48.	Sleeping Beauty and Prince Charming	Snow White and the seven dwarfs	B	5
49.	Male graduate in cap and gown	Man driving a big expensive car	B	3
50.	A car going over a bumpy road	Road showing a detour sign pointing to another	A	1
51.	Boy holding hands with mother	Same boy holding hands with father	B	2
52.	Tug-of-war contest, both sides even	Tug-of-war, one boy letting go of rope and other side falling backwards	B	1
53.	A woman in a bathing suit	Same woman, cooking at stove	B	5
54.	Child, arm-in-arm with family	Same child, alone	B	5
55.	A very thin woman	A fat woman	B	2
56.	Stethoscope	Package of dynamite	B	4
57.	Father pulling son in wagon	Father and son walking	A	6
58.	Car being pushed by tow truck	Car being pulled by tow truck	B	6
59.	Young child being spanked	Same child washing dishes	A	7

Item No.	Picture A	Picture B	Addictive Choice	Trait
60.	A boy skating	Same boy on skates, with rope pulling him - rope extending off edge of card	B	3
61.	Wizard giving a person a magical potion - person drinking it changes into a king	Same person studying, and then scene of him graduating	A	3
62.	Picture of a mouth	Picture of two eyes	A	2
63.	A buxom woman	A normal size woman	A	2
64.	Boy throwing a rock through a window - policeman watching	Boy sitting at desk in classroom	A	7
65.	Man walking across a tattered rope bridge	Man moving a heavy rock	A	7
66.	A baby being bottle-fed, mother's face showing happiness	Same, mother's face not showing happiness	B	5
67.	Empty garage, with door open	A handgun	B	4
68.	Long line of people waiting to go into a restaurant	An automat	B	1
69.	Young child, sucking his thumb	Same child, playing with pots and pans	A	2

Item No.	Picture A	Picture B	Addictive Choice	Trait
70.	A hospital (outside view)	Line of traffic waiting for train to pass	A	1
71.	Person stealing a car	Same person paying money to car salesman	A	4
72.	Union picketers outside office building	Men at negotiating table	A	4
73.	A medical journal	A detective magazine	B	4
74.	Boy excitedly opening Christmas presents under tree	Christmas tree and presents unopened	A	1
75.	True-false answer sheet - all true items checked	Same but even distribution of true, false items checked	A	3
76.	Mother, father, and son riding bicycles together	Same family, walking hand-in-hand	B	6
77.	A secluded tree	A family house	A	5
78.	Man walking down a street with group approaching on other side	Same, with group approaching on same side of street	A	5
79.	Two men arguing	Same, but with men with their backs to each other	B	5
80.	Boy pulling girls pigtails	Girl reading	A	4

Item No.	Picture A	Picture B	Addictive Choice	Trait
81.	A man drinking out of a bottle	Same, drinking out of a glass	A	1
82.	A woman viewed at eye-level	Same, viewed from below, as if by a child	B	6
83.	Row of ducks following their mother	Same, ducks scattered, all involved in something	A	6
84.	Boy jumping off high rock - rubble below	Boy sitting and reading	A	7
85.	Man being carried away by angels-heavenly scene	Man at work in office	A	3
86.	Young boy sick in bed with mother attending him	Mother and older boy standing talking	A	6
87.	Baby with pacifier in his mouth	Same, with baby looking at mobile	A	2
88.	Young bird pulling worm from ground, mother watching	Mother bird feeding young in nest	B	2
89.	An owl	Man and woman	A	5
90.	A roller coaster ride seen from first car	Baby kangaroo in mother's pouch	B	6
91.	A teddy-bear	A duck pull-toy	A	6

Item No.	Picture A	Picture B	Addictive Choice	Trait
92.	Man with wizard-like qualities showing he can read people's minds	Same man, talking casually to some people	A	3
93.	Man piloting an airplane	Same man, flying himself	B	3
94.	A beggar sitting on sidewalk holding tin cup	A man struggling to lift a heavy weight	A	6
95.	Line of 3 white ducks and one black duck swimming	Four white ducks swimming in a line	A	1
96.	Princess kissing a frog - he changes into a handsome prince	Man proposing to a woman	A	3
97.	A woman on a bed being examined by a male doctor	Same scene, with female doctor	B	5
98.	Man hung-over from drinking	Man shovelling dirt, working hard	A	7
99.	A man passing a woman on street, not turning to look	Same scene, with man glancing back at woman's legs	A	5
100.	View over back of mouse looking out of hole at cat watching	Mouse climbing to piece of cheese in baited trap	B	2
101.	A room with everything in place	Same scene, with disorder and signs of being lived in	B	1

Item No.	Picture A	Picture B	Addictive Choice	Trait
102.	A man wearing a smiling mask	Same man, no mask, no expression	A	1
103.	Accident victim being fed intravenously	Accident victim eating by own hand	A	2
104.	Man in jail cell, reading	Same man, sawing on bars of cell-windows	B	4
105.	Woman making cake appear by snapping her fingers	Same woman buying a cake	A	3
106.	Seaman being whipped	Seaman scrubbing the deck	A	7
107.	Two dogs walking	One dog walking	B	5
108.	Masked man stealing money out of telephone box	Man reading at a desk	A	4
109.	Boy dreaming of himself as a king	Boy reading a newspaper	A	3
110.	Person in a group of people	Same person alone	B	5
111.	A boy throwing a rock through a window	Same boy being caught by a policeman	A	4
112.	Man straining under a heavy weight	Same man dropping the weight	B	1

Item No.	Picture A	Picture B	Addictive Choice	Trait
113.	Man going into a bar	Man going into office building with briefcase	A	1
114.	Two thugs	Two businessmen	A	4
115.	Courtroom	Pool hall	B	4
116.	Frightened boy escaping down a dark street	Same boy walking along a bright street	A	4
117.	A clock showing 10 a.m.	A clock showing 12 noon	B	2
118.	Boy standing in front of father saying, "I promise" with fingers crossed behind his back	Landscape scene		
119.	Criminal being apprehended by a policeman	Same man raking leaves	A	4
120.	A rifle	A hat	A	4
121.	Young boy feeding himself	Infant suckling at mother's breast	B	2
122.	Boy dressing himself	Mother dressing boy	B	6
123.	A man smoking	A man whittling	A	2
124.	Boy falling with parachute	Boy falling into arms of mother	B	6
125.	Woman drinking from soft-drink bottle	Same woman drinking from a glass	A	2

Item No.	Picture A	Picture B	Addictive Choice	Trait
126.	Mother tying young boy's shoe	Same boy tying his own shoe	A	6
127.	Man being fired by boss	Man working at a factory machine	A	7
128.	Classroom scene, student and teacher talking	Two boys arguing	B	4
129.	A middle-aged car	A sick man in bed	B	1
130.	Man walking through a field	Man running through a field	B	1
131.	A tennis player	A volleyball team	A	5
132.	Crime figure	A horse	A	4
133.	An empty beach	Same beach with some people on it	A	5
134.	A dagger	A pair of scissors	A	4
135.	A fat boy	A very thin boy	A	2
136.	Car with hood up on deserted highway - man looking under hood	Car accident - two cars with crumpled fenders	B	1
137.	Boy working on jigsaw puzzle	Same boy with broken baseball bat	B	1
138.	A deer	An elephant	B	2

Item No.	Picture A	Picture B	Addictive Choice	Trait
139.	Man playing a trumpet	Man playing drums	A	2
140.	Bottle of poison	Bottle of cod liver oil	A	4
141.	A palm tree	A cactus plant	B	1
142.	Young child eating in a high chair	Fetus in womb	B	2
143.	Boy buttoning shirt	Boy blowing bubble	B	2
144.	Snow White asleep	Girl reading	A	3

APPENDIX B

TWO FACTOR INDEX OF SOCIAL POSITION - MYERS AND BEAN (1968)

The Two Factor Index of Social Position was devised by Myers and Bean (1968) to rank individuals and estimate the social-class into which an individual falls. Two criteria are used to determine an individual's socioeconomic status. These are occupational status and level of education.

The occupational scale places executives and managers in different groups according to the size and value of the businesses they work in. The seven positions on the scale are: 1) executives and proprietors of large concerns and major professionals; 2) managers and proprietors of medium concerns and minor professionals; 3) administrative personnel of large concerns, owners of small independent businesses and semi-professionals; 4) owners of little businesses, clerical and sales workers, and technicians; 5) skilled workers; 6) semiskilled workers; and 7) unskilled workers.

The educational scale is divided into seven positions: 1) graduate professional training; 2) standard college or university graduation; 3) partial college training (including individuals who have completed at least one year

but not full college requirements); 4) high-school graduation (including all secondary-school graduates, whether from a private school, public high-school, or trade school); 5) partial high-school (including individuals who have completed the tenth or eleventh grades but not the full high-school requirements); 6) junior high-school (including individuals who have completed the seventh, eighth, or ninth grades); 7) less than seven years of school.

To calculate the Index of Social Position score for an individual, the scale value for occupation is multiplied by the factor weight for occupation, and the scale value for education is multiplied by the factor weight for education. For example, John Smith is the manager of a chain supermarket. He completed high-school and one year of business college. His Index of Social Position score is computed as follows:

Factor	Scale Score	Factor Weight	Score x Weight
Occupation	3	7	21
Education	3	4	<u>12</u>
Index of Social Position Score			33

The Two Factor Index of Social Position scores may be arranged on an continuum or divided into groups of scores. The range of scores on the continuum is from a low of 11 to a high of 77. Myers and Bean (1968) report that they have found that the most meaningful classifications for the

purpose of predicting the social-class position of an individual is as follows:

Range of Computed Scores	Social Class
11-17	I - Upper Class
18-27	II - Upper Middle Class
28-43	III - Lower Middle Class
44-60	IV - Upper Lower Class
61-77	V - Lower Lower Class

APPENDIX C

Anonymous Questionnaire

I.D. Number _____

** Please do not write your name on this questionnaire**

In order that we can understand more fully what your picture preferences may mean, we would like you to answer these questions as honestly as you can.

1. Please state your age____; height____; weight____
2. How many cigarettes a day do you smoke?_____
3. Have you ever received treatment for mental or emotional problems? Yes____; No_____

If "yes" to the previous question, please check one of the following (only one) that best describes your most important problem:

prolonged sadness_____
wanting to give up_____
excessive drinking_____
nervousness_____
doing things I didn't want to do_____
believing I heard things that didn't really exist_____

Have you ever required hospitalization for this problem?_____

Have you ever received out-patient therapy for this problem?_____

4. Have you ever been arrested?_____
- If "yes", how many times?____; What was the offense?_____

5. Do you have a drinking problem?_____

If "yes", please indicate how this was a problem by placing a check mark beside any of the following that apply to you:

I have terrible hangovers_____
I have lost my friends_____
I feel guilty when I get drunk_____
my marriage was spoiled by my drinking_____
drinking hurt my health_____

(continued on following page)

my family rejected me because of my drinking_____

I spent too much money on alcohol_____

I lost my job because of my drinking_____

drinking caused separation or divorce from
my wife_____

If you do have a drinking problem, how many times do
you get drunk? Please place a check mark by one of
the following:

none_____

practically every day_____

3-4 times a week_____

once or twice a week_____

once in a while_____

Do you consider yourself to be an alcoholic?_____

6. Have you ever been a heavy user of drugs?_____

If "yes", which drugs?_____

Do you consider yourself to have been an addict?_____

For how long were you addicted?_____

Are you still addicted?_____

7. Are you an over-eater?_____

If "yes", how many pounds overweight are you?_____

8. Have you ever been involved in gambling to such an
extent that it seriously affected your life and/or
those around you?_____

9. Please state your occupation_____

10. What level of education have you successfully achieved?

REFERENCES

- Auld, F., & Cowan, L. Evidence for distinctive personality traits in alcoholics. Submitted to Quarterly Journal for Studies on Alcohol for publication, 1973.
- Begin, P. Validation study of a picture-preference test measuring the trait of addictiveness in personality. Unpublished Masters Thesis, University of Windsor, Canada, 1972.
- Bergler, E. Personality traits of alcohol addicts. Quarterly Journal of Studies on Alcohol, 1946, 7, 356-359.
- Button, A. D. A study of alcoholics with the MMPI. Quarterly Journal of Studies on Alcohol, 1956, 17, 263-281.
- Cowan, L. A picture-preference test to measure the trait of addictiveness in personality. Unpublished Doctoral Dissertation, Wayne State University, Michigan, 1967.
- Fenichel, O. The psychoanalytic theory of neurosis. New York: Norton, 1945.
- Hampton, P. J. A psychometric study of drinkers. Journal of Consulting Psychology, 1951, 15, 501-504.
- Hewitt, C. C. A personality study of alcohol addiction. Quarterly Journal of Studies on Alcohol, 1943, 4, 368-386.
- Hoyt, D. P., & Sedlacek, G. M. Differentiating alcoholics from normals and abnormals with the MMPI. Journal of Clinical Psychology, 1958, 14, 69-74.
- Jones, M. C. Personality correlates and antecedents of drinking patterns in adult males. Journal of Consulting and Clinical Psychology, 1968, 32, 2-12.
- Knight, R. P. The dynamics and treatment of chronic alcohol addiction. Bulletin of the Menninger Clinic, 1937, 1, 233-250.

- Lisansky, E. S. The etiology of alcoholism:- The role of psychological predisposition. Quarterly Journal of Studies on Alcohol, 1960, 21, 324-343.
- MacAndrew, C. The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. Quarterly Journal of Studies on Alcohol, 1965, 26, 238-246.
- MacAndrew, C., & Geertsma, R. H. An analysis of responses of alcoholics to scale 4 of the MMPI. Quarterly Journal of Studies on Alcohol, 1963, 24, 23-38.
- MacAndrew, C., & Geertsma, R. H. A critique of alcoholism scales derived from the MMPI. Quarterly Journal of Studies on Alcohol, 1963, 25, 68-76.
- McCord, W., & McCord, J. Origins of alcoholism. Stanford, California: Stanford University Press, 1960.
- Menninger, K. A. Alcohol addiction. In: Man against himself. New York: Harcourt, Bruce, 1938. Pp. 160-184.
- Myers, J. K., & Bean, L. L. A decade later: A follow-up of social class and mental illness. New York: John Wiley and Sons, Inc., 1968.
- Rosen, A. C. A comparative study of alcoholic and psychiatric patients with the MMPI. Quarterly Journal of Studies on Alcohol, 1960, 21, 253-266.
- Schilder, P. The psychogenesis of alcoholism. Quarterly Journal of Studies on Alcohol, 1941, 2, 277-292.
- Sutherland, E. H., Schroeder, H. G., & Tordella, C. L. Personality traits and the alcoholic: A critique of existing studies. Quarterly Journal of Studies on Alcohol, 1950, 11, 547-561.
- Syme, L. Personality characteristics and the alcoholic: A critique of current studies. Quarterly Journal of Studies on Alcohol, 1957, 18, 288-302.
- Williams, A. F., McCourt, W. F., & Schneider, L. Personality self-descriptions of alcoholics and heavy drinkers. Quarterly Journal of Studies on Alcohol, 1971, 32, 310-317.

Zwerling, I. Psychiatric findings in an interdisciplinary study of 46 alcoholic patients. Quarterly Journal of Studies on Alcohol, 1959, 20, 543-554.

Zwerling, I., & Rosenbaum, M. Alcoholic addiction and personality. In Arieti, S. (Ed.), American Handbook of Psychiatry. Vol. 1. New York: Basic Books, 1959. Pp. 623-644.

VITA AUCTORIS

NAME: Murray Barry Morrison

BORN: Lachute, Quebec; October 21, 1943

EDUCATION:

Primary- Hudson Public School, Hudson, Quebec.

Secondary- Hudson High School, Hudson, Quebec.

Universities- Sir George Williams University,
Montreal, Quebec.

University of Windsor,
Windsor, Ontario.

DEGREES: B.A., Sir George Williams University,
1968.

M.A., University of Windsor, 1970.